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CONFIRMATION NO. 6811

<b>SERIAL NUMBER</b> 09/785,715	<b>FILING OR 371(c) DATE</b> 02/16/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 6631-27092	
<b>APPLICANTS</b> W. Gregory Chernoff, Indianapolis, IN;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/173,990 10/16/1998 ABN which claims benefit of 60/063,754 10/17/1997 <i>OK</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>Name</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 03/17/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature		STATE OR COUNTRY IN	SHEETS DRAWING 0	TOTAL CLAIMS <i># 7</i>	INDEPENDENT CLAIMS <i># 5</i>
<b>ADDRESS</b> BARNES & THORNBURG 11 South Meridian Street Indianapolis, IN 46204					
<b>TITLE</b> Tissue treatment method					
<b>FILING FEE RECEIVED</b> 555	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		